

Department of Labor & Economic Growth  
Office of Human Resources

## APPLICATION FOR LEAVE OF ABSENCE OR EXTENDED USE OF LEAVE CREDITS

### Section I

<b>Check One</b>  <input type="checkbox"/> Unpaid Leave of Absence  <input type="checkbox"/> Extended Use of Leave Credits	This is  <input type="checkbox"/> An Initial Leave Application  <input type="checkbox"/> A Leave Extension	Is employee eligible for FMLA? <b>(to be completed by OHR)</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No	
Employee's Name	Employee I.D. Number	Classification	Bureau/Office/Commission or Division
Home Address (Street, Apt. No.)		City	State      ZIP Code
Home Phone Number (      )      -	Work Phone Number (      )      -	Bargaining Unit	TKU
Supervisor's Name			Supervisor's Phone Number
Last Day of Work	Last Day on Payroll	Ending Date of Leave	Extension to

### Section II

#### Leave Type

Medical (personal)\* - Refer to Sections III, IV, V.

Family Care\* (employee's spouse, child or parent) – Refer to Sections III, IV, V.

Educational – Refer to Sections III, IV, V.

Parental\*\* \_\_\_\_\_ - Refer to Sections III, IV, V.  
Date of Birth or Placement of Child

Military – Refer to Sections IV, VI.

Waived Rights – Refer to Section VII.

\* If requesting a medical or family care leave, you will be required to submit with this application a completed Medical Certification by Physician or Practitioner (Form C-38). The form is available from your Bureau Personnel Liaison, the DLEG/OHR Internet Website or the Office of Human Resources.

\*\* If requesting a parental leave, documents verifying birth or placement of child with employee will be required.

### Section III

**Intermittent Leave or Reduced Work Schedule:** If this request is for intermittent leave or reduced work schedule, please give an explanation. (If in conjunction with medical or family care leave, certification by a physician or practitioner of the need for such a schedule may be required. ***Submitting this form does not mean that medical leave or extended use leave will be authorized.*** If requested in conjunction with parental leave, justification for the request is required.)

### Section IV

#### Leave Balances:

During my leave I wish to freeze: \_\_\_\_\_ Annual leave hours \_\_\_\_\_ Deferred hours / BLT \_\_\_\_\_ Initial Leave Grant

**Note:** Employees may freeze annual leave in accordance with applicable collective bargaining agreements, Department of Civil Service Procedures, and department policy. To be paid correctly, you should let your supervisor/timekeeper know that you are freezing leave credits.

### Section V

**Acknowledgment:** "I understand that a medical, family care or parental leave may count towards my leave entitlement under the Family and Medical Leave Act."

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**OVER**

**Section VI**

Military (check one)

Without Pay – attach copy of military orders

With Pay – attach copy of military orders

The amount of any gross daily military earnings will be \$ \_\_\_\_\_

\_\_\_\_\_  
Employee Signature\_\_\_\_\_  
Date**Section VII**

Waived Rights (no guaranteed return) – Employee must read the following statement and sign below.

*“I understand that this leave is granted for the sole purpose of protecting my continuous service record. I waive all rights to employment at the expiration of the leave.”*\_\_\_\_\_  
Employee Signature\_\_\_\_\_  
Date**Section VIII**

Supervisor

Approved

Not Approved

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

Bureau/Office/Commission Director

Approved

Not Approved

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

Office of Human Resources Appointing Authority

Approved

Not Approved

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date**Procedure for requesting use of leave credits or unpaid leave (beyond five work days) for a leave of absence.**

Employee..... Notifies supervisor of absence.

Supervisor..... Notifies bureau liaison or OHR if employee is **gone for more than five work days**.Bureau Liaison/OHR... Sends *Leave of Absence Application (C-53)* and *Medical Certification by Physician or Practitioner (C-38)* to the employee to complete.Employee..... Completes the forms and returns them to either the supervisor, bureau liaison or OHR **within 5 work days**.

Bureau Liaison..... Obtains all signatures and forwards to OHR.

Employee..... To request an extension, the employee must submit new leave forms (C53 & C38) at least **5 work days prior to expiration of current leave** and send them to either the supervisor, bureau liaison or OHR.

Bureau Liaison..... Obtains all signatures and forwards to OHR

Employee..... Immediately upon return, the employee provides supervisor or bureau liaison with medical release to return to work. If returning with medical restrictions, employee must provide a detailed medical statement, **no later than five work days prior to return**, so the request for temporary accommodation can be considered.

Bureau Liaison..... Forwards medical release to OHR.